

12. Surveillance												
Basic			Developing			Advanced			Leading Edge			
1	2	3	4	5	6	7	8	9	10	11	12	
Strategic Direction	The NPHI conducts some surveillance based on WHO guidance or donor interest, but surveillance on many high-priority conditions is lacking. The NPHI rarely uses or analyzes the collected data.			The NPHI is working to strengthen its national notifiable disease surveillance system. It tries to use surveillance data to inform policies and programs. However, data quality sometimes limits its usefulness, and there is often a mismatch between what is collected and analyzed and what is needed.			The NPHI conducts high-quality surveillance on most critical diseases. Its surveillance systems help guide policies and programs on a range of topics. In designing and evaluating systems, the NPHI considers all aspects of surveillance, including how to optimize the use of data.			The NPHI works to ensure its surveillance meets the needs of those who use the data, for example, by engaging decision-makers. It regularly evaluates its surveillance systems to maximize usefulness and efficiency, and it discontinues systems that are no longer useful.		
Systems	Except for donor-funded programs, the NPHI has few surveillance SOPs and guidelines, and these are outdated and hard to access. Reviews of surveillance data and systems are infrequent, if they occur at all.			SOPs exist for notifiable disease and other reporting, but they are sometimes outdated and are not always distributed to reporting entities, such as subnational levels. The NPHI sometimes reviews its surveillance systems, but findings rarely lead to improvements.			The NPHI provides clear, up-to-date SOPs for surveillance of many conditions, which are usually followed. The NPHI regularly evaluates the most critical surveillance systems and usually makes suggested changes.			The NPHI's surveillance SOPs are models for other organizations. Compliance by reporting entities is high. The NPHI routinely reviews systems for quality and usefulness. Regular reviews lead to continuous improvement.		
Resources	Except for donor-funded programs, the NPHI has few resources to conduct surveillance and limited capacity to analyze and use surveillance data. Lack of computers and software and lack of training, including at subnational levels, limits data collection and analysis.			While the NPHI has some resources to help improve data collection by reporting entities, these are insufficient. NPHI staff can conduct basic data analyses, but they lack skills and tools for more sophisticated work.			The NPHI has substantial resources to assist reporting entities in improving data collection. NPHI staff have the skills and resources to collect and fully analyze data and make recommendations based on the findings.			The NPHI invests substantially in all aspects of its surveillance systems. It works at all levels of the system to build capacity for data collection, analysis, and use of the data appropriate for that level. It regularly updates its infrastructure and staff skills to meet current and future needs.		
Quality	Collected data are often of poor quality and are incomplete. Data are rarely analyzed, and the analyses that are done are basic and contain errors. Reporting of public health events of imminent concern, including for diseases notifiable under International Health Regulations (IHR) is rarely timely.			Surveillance data quality varies. Some data analysis is timely, but much of the data remains unexamined. Reports tend to be very simple, for example, case counts without calculations of rates or analysis of trends. Reporting of events reportable under IHR and others with potential large impact has improved.			The NPHI's surveillance is generally of high quality. Internationally accepted benchmarks help the NPHI identify areas needing improvement. Surveillance reports are timely and often include sophisticated analyses. Reporting to the NPHI about IHR and other events of concern is almost always timely.			The NPHI excels in data collection and analysis. It consistently achieves international benchmarks, and it develops and evaluates innovative approaches to surveillance. The NPHI has helped to establish strong national capacity for identifying and reporting events of concern.		
Engagement	The NPHI rarely engages stakeholders in deciding what data to collect or in designing its surveillance systems. The NPHI occasionally shares surveillance summaries with subnational levels and other stakeholders.			The NPHI sometimes involves stakeholders, such as subnational levels or decision-makers, in planning for surveillance. Surveillance summaries are sometimes posted on the website or distributed by email.			Decision-makers and other stakeholders routinely provide input to the NPHI about its surveillance priorities and systems. The NPHI ensures that stakeholders have access to its findings through its website, public health bulletins, and other venues.			The NPHI actively seeks input from a range of stakeholders to shape its data collection, analysis, and reporting. It disseminates its reports widely and makes specific efforts to share findings that might be important globally or useful to non-traditional partners, such as industry.		
Impact	The NPHI's surveillance data are rarely used for decision-making. The NPHI seldom identifies acute issues through its surveillance.			The NPHI can provide a few examples where its surveillance has informed policies or programs or resulted in early detection of issues requiring intervention.			Decision-makers often rely on the NPHI's surveillance data to inform programs and policies. The NPHI can provide several examples where problems were identified early through its surveillance systems.			The NPHI's surveillance has a major impact on policies and programs in the country and, often, globally. The NPHI regularly identifies new or emerging public health issues from surveillance data.		